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**County Council of Lincoln—Parts of Lindsey**

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**EDUCATION COMMITTEE.**

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# **ANNUAL REPORT**

OF THE

## **School Medical Officer**

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**1937.**

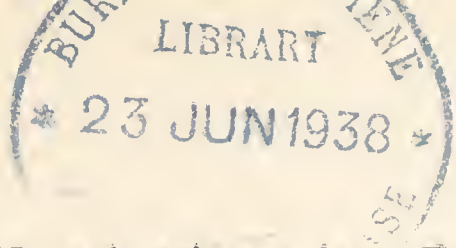
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**W. S. H. CAMPBELL, M.B., Ch.B., D.P.H.**

**GAINSBOROUGH:**

**G. W. BELTON, PRINTER, TRINITY ST. & HEATON ST. 25 3 38**



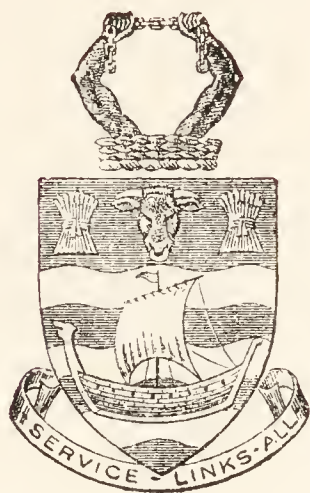


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# COUNTY COUNCIL OF LINCOLN—PARTS OF LINDSEY

## Education Committee.

APPOINTED UNTIL MARCH, 1938.

The Chairman and Vice-Chairman of the Council (ex-officio).

Ald. SIR H. B. BACON, BART.	Coun. G. G. DUNKLEY
„ A. CROFT BAKER	„ C. F. EVERATT
„ L. H. GOUNDRY	„ H. HOYLES
„ J. A. HIPKIN	„ W. HUNT
„ W. LACEY	„ J. T. KETTLE
(Chairman)	„ M. MORGAN
„ W. A. ROSS	„ A. G. E. SMITH
(Vice-Chairman)	„ A. E. SPENCER
„ T. SMITHSON	„ F. L. STEPHENSON
„ J. H. NETTLESHIP	„ R. A. THOMPSON
	„ J. BLACK
	„ H. C. COMAN
MRS. BRYANT, 4 Pelham Terrace, Grimsby	} Representing University Education
Coun. MRS. M. WINTERINGHAM, The Cottage, Tealby, Lincoln	
Rev. W. B. DOCKER, 3, Greestone Terrace, Lincoln	} Representing Secondary Education
Rev. W. E. FARNDALÉ, 10 Mainwaring Road, Lincoln	
Mr. JOHN HARDY, South Kelsey, Lincoln	} Representing Technical, other than Agricultural Education.
Mr. A. PUGH, 15 Lindum Road, Cleethorpes	
Mr. R. E. HARDY, Kirton Lindsey.	} Representing Elementary Education.
Mrs. H. M. PEACOCKE, The Rectory, S. Reston, Louth	

## Staff of the School Medical Service, 1937.

### *School Medical Officer:*

WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H.

### *Deputy School Medical Officer:*

ANNIE T. BRUNYATE, M.D., B.S., D.P.H. (Resigned 6-8-37)

GEORGE W. H. TOWNSEND, B.A., M.B., B.Ch., B.A.O., D.P.H. (Appointed 7-8-37).

### *Assistant School Medical Officers:*

JOHN C. MACARTNEY, M.D., D.P.H.

WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.

JAMES R. W. HAY, M.D., Ch.B., D.P.H. (Resigned 10-6-37).

WILLIAM HARTSTON, M.D., B.S., M.R.C.P., D.P.H.

GERALD MICHAEL TYRRELL, M.B., B.Ch., D.P.H. (Appointed 10-2-37).

GEORGE HOLROYD, M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. (Appointed 1-7-37)

ANNIE C. EASTERBROOK, M.B., Ch.B., D.P.H.

J. IRENE ROSIE, M.B., Ch.B., D.P.H. (Resigned 6-11-37).

MARGARET M. F. ROBINSON, M.B., B.Ch., B.A.O., L.M., D.P.H. (Resigned 14-6-37).

EVA M. GRAY, M.B., Ch.B., D.A., D.P.H. (Appointed 25-10-37).

BARBARA M. G. TAYLOR, M.R.C.S. Eng., L.R.C.P. Lond., D.P.H. (Appointed 29-11-37).

### *Orthopaedic Surgeon:*

EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part time).

### *Medical Officer in charge of Rheumatism and Heart Clinics:*

JAMES W. BROWN, M.D., M.R.C.P.

### *Dental Surgeons:*

HENRY KINNEAR OVEY, L.D.S.

KATHLEEN F. GARSIDE, L.D.S. (Resigned 28-2-37).

GEORGE H. TAPPER, L.D.S.

A. PATRICIA RYAN, B.D.S., L.D.S.

F. ELFRIC PADGETT, L.D.S., R.C.S. (Appointed 26-2-37).

ELEANOR L. MACKINNON, L.D.S. (Resigned 31-5-37).

HUGH T. MASON, L.D.S. (Appointed 1-6-37).

MARY H. HINSHELWOOD, L.D.S. (Appointed 31-12-37).

ALBERT E. CLARKE, L.D.S. (Resigned 31-12-37).

### *Nursing Staff:*

Superintendent—Miss C. M. REYNOLDS, S.R.N., S.C.M.

Miss E. JENKINSON

Miss V. WALKER

Miss C. CLARK

Miss M. WALLER

(Resigned 5-6-37)

Miss F. HERBERT

Miss A. GREEN

Miss T. GUINAN

(Resigned 31-5-37)

Miss L. LANGTON

Miss V. ROGERS

Miss E. CLARKE

Mrs. J. SHEPHERD

Miss H. FISHER

Miss L. ROSE

Miss E. N. SMITH

Mrs. S. TURNER

Miss M. POUND

Miss L. TOWNSHEND

Miss G. FAIRHEAD

Miss E. BUCKLEY

Miss M. RICHARDSON

Miss N. HINCH

Miss N. BINTCLIFFE,

(Apptd. 9-9-37)

Mrs. F. BULL

Miss K. COHEN

(Resigned 31-3-37)

Miss A. E. BICKERDIKE

(Resigned 12-3-37)

Miss M. TAYLOR

Miss K. HARRISON

Miss F. HUDSON

Miss D. WALKER

Miss M. HARRAL

(Apptd. 18-10-37)

Miss L. MALEY

Miss N. ANDERSON

(Apptd. 12-10-37)

Miss E. MAW

Miss A. S. WOOLFORD

Miss G. GILSENAN

Miss G. OVERTON

(Apptd. 1-10-37)

*Orthopaedic Nurses*—Miss B. I. BAUSOR, Miss D. PRITCHARD.

*Infectious Diseases Nurses*—Miss W. LAWRENCE Miss E. JONES (Part time), Miss K. PERRYER (Resigned 28-2-37), Miss G. A. M. HENNESSY (Appointed 12-4-37).

*Dental Attendants*—Miss B. HUSSEY (Resigned 5-6-37), Mrs. J. BRIGGS, Miss R. WHITE, Miss B. M. GIBBONS (Resigned 31-12-37), Miss H. C. FISHER, Miss D. M. SHEPHERD, Miss I. WILSON (Appointed 31-5-37).

*Chief Clerk*—HORACE LEE,

## Staff Changes.

There were an unusually large number of changes in the Medical, Dental and Nursing Staff during the year. Resignations were as follows: Medical 4, Dental 3 and Nursing 7.

The resignations were due in 9 instances to the officers having obtained appointments elsewhere. Four were due to ill health and in the remaining case the officer had reached the retiring age.

## General Statistics.

Area of Administrative County, 961,278 acres.

Population at 1931 Census, 263,498. Estimated population (1936)  
269,500.

### Elementary Schools:—

Number in the area	Provided,	126
	Non-provided,	170
Number of names on school registers		36,533
Average attendance		32,722

### Secondary Schools:—

Number in County	16
Number of pupils on school registers	2,941
Rateable value	£1,132,719
Estimated product of a penny rate	£4,311

## Co-Ordination.

There has been no change of note during the year in the arrangements for the co-ordination of the work of the School Medical Service with that of other branches of Public Health. The fact that the posts of School Medical Officer and County Medical Officer of Health are held by the same officer and that most of the Council's Medical and Nursing Staff undertake combined duties in connection with Maternity and Child Welfare, school children and general public health, ensures an adequate measure of co-ordination.

## ELEMENTARY SCHOOLS.

### School Hygiene.

Reports on the condition of school premises are made by the Assistant School Medical Officers at each visit to the different schools in their area. Particulars of any unsatisfactory conditions noted are forwarded to the Director of Education with a view to the necessary action being taken. The number of defects thus referred during 1937 was 57, of which 37 were known to have been remedied at the end of the year.



Particulars of the defects reported and remedied are as follows:—

Defect:	Reported	Remedied
Lighting	3	3
Cloak Rooms	2	2
Washing arrangements	7	5
Water supply	2	1
Sanitary Conveniences	16	8
Playgrounds	14	8
School cleaning	4	4
General repairs	5	4
Heating	2	1
Dampness	2	1

Two new Senior Schools were opened during the year, one at Market Rasen and the other at Waltham. Extensive alterations and improvements were effected at the Alford and Baumber Council Schools and also at the Winterton Church of England School.

## Water Supplies.

Enquiries were made during the present year in respect of supplies to 5 schools, three of which were ultimately found to be unsatisfactory. One of these schools was therefore connected to a main supply and at the other two, new bores are being sunk. Altogether eight Council Schools were connected to public supplies during 1937.

## Medical Inspection.

The procedure of inspecting the children attending Urban Schools twice yearly and those at the Rural Schools, once a year has been continued.

The age groups of the children examined were those laid down by the Board of Education and are as follows:—

- (a) “Entrants” to school who are examined as early as possible in the twelve months immediately following their admission for the first time.
- (b) “Intermediates.” These are children who have reached the age of 8 years and are examined as early as possible in the succeeding twelve months.
- (c) “Leavers” who are examined as soon as practicable after the date on which they attained the age of 12 years.

There are a number of children who do not fall under any of the foregoing groups but who because of some defect or suspected defect are brought forward for examination, usually by the teacher or nurse or at the request of the parents. These children are classified as "Specials."

Children found to have some defect at one inspection are seen again by the Medical Inspector at his next visit to the school and are referred to as re-inspections.

The number of children examined under the different headings is as follows:—

Entrants	.....	.....	.....	3,940	
Intermediates	.....	.....	.....	3,559	
Leavers	.....	.....	.....	3,683	
				Total	..... 11,182
Specials	.....	.....	.....	3,395	
				-----	
Re-inspections	.....	.....	.....	16,299	
				-----	
				Total	..... 19,694
				Grand Total	30,876
					-----

## Findings at Medical Inspections.

Particulars of the findings at medical inspections as given in tables I and II at the end of the report. Excluding dental defects, defects of nutrition and uncleanliness, 1123, or 10% of the 11,182 children examined in the prescribed Groups were found to require treatment.

### (a) Uncleanliness (Pediculosis).

A high standard of cleanliness is aimed at and all the more serious cases of uncleanliness are excluded from school and are not allowed to return until subsequent examination shows the condition has been remedied. The necessary inspections at the schools and the following up of the cases afterwards are carried out by the School Nurses. In difficult cases the assistance of the Inspector of the National Society for the Prevention of Cruelty to Children has been much appreciated. The number of children inspected during 1937 was 37,736 of which 1,416 or 3.76% were found to be verminous. The total examinations including re-inspections numbered 64,359.

The following table shows the percentage of children found to be verminous in the years 1922–1937:—

Year	Percentage of Children examined found to be verminous	Year	Percentage of Children examined found to be verminous
1922	10.25	1930	5.28
1923	7.99	1931	5.3
1924	6.73	1932	5.2
1925	4.91	1933	5.59
1926	5.49	1934	3.10
1927	4.36	1935	4.26
1928	5.36	1936	4.35
1929	4.42	1937	3.76

**(b) Minor Ailments.**

There is nothing noteworthy to report under this heading. The number of defects classified as Minor Ailments which are found each year at the Medical inspections remains fairly constant.

**(c) Visual Defects.**

In the prescribed age groups 369 children were found to have defects of vision, of which 283 were reported as in need of treatment. Amongst those examined as “Specials” were 167 cases of defective vision, all but 5, of which were in need of treatment. The number of cases of Squint reported was 144, 112 being discovered at routine inspection and 32 amongst those specially brought forward.

**(d) Nose and Throat Defects.**

The number of cases of chronic tonsilitis and adenoids found to require treatment was considerably higher than in 1936. Amongst the routine examinations there were 440 cases while the “Specials” numbered 147. The corresponding figures for the previous year were 324 and 186.

**(e) Ear Disease and Defective Hearing.**

There were 26 children found in need of treatment for defective hearing as compared with 22 in the preceding year. The number of cases of otitis media referred for treatment was 62 which is 44 less than in 1936.

**(f) Crippling Defects.**

Under this heading are included children found to be suffering from the effects of tuberculosis of the bones and joints, rickets, congenital deformities, &c. The Medical Inspectors reported 62 cases during the year. These included 5 cases of rickets, 5 of spinal curvature and 52 of other classes of deformity. Forty of those reported were brought to the notice of the Medical Inspectors by the head teachers. The number requiring treatment was 47.



**(g) Heart Disease.**

A total of 154 children were found on examination to be suffering from heart disease. There were 65 of these cases in which the disease was classified as organic, 33 being referred for treatment.

**(h) Tuberculosis.**

Two children were reported as suffering from pulmonary tuberculosis while 26 suspected cases were referred for further investigation.

There were 20 cases of non-pulmonary tuberculosis recorded in which the bones or joints were affected in 6 instances and the cervical glands in 5.

**(i) Nutrition.**

At the routine medical inspections a record is made of the nutritional state of each child examined. The children are classified in accordance with the instructions of the Board of Education, in four groups, excellent, normal, slightly sub-normal and bad. The figures for 1937 differ little from those of the previous year and show that 85.37% of the children examined were regarded by the Medical Inspectors as being satisfactorily nourished. Of the remainder 14.32% were classified as slightly sub-normal and .31% as bad.

As was the case last year there would again appear to be a higher percentage of slight sub-normality in the rural as compared with the urban schools

Children attending the schools in the Gainsborough Urban District still compare unfavourably with those in other urban areas and the County as a whole. The percentage in Gainsborough recorded as sub-normal viz. 27.25% is slightly better than that for last year but it is nearly double the average for all districts.

A comparison of the nutritional state of the children examined in the three age groups, in urban and rural schools is shown in the table which follows.

	Age Groups	No. Exd.	Excellent		Normal		Slightly Sub-normal		Bad	
			No.	%	No.	%	No.	%	No.	%
Urb'n Sch's	Entrants	1908	199	10.43	1492	78.20	212	11.11	5	.26
	2nd Age Group	1787	155	8.67	1389	77.73	238	13.32	5	.28
	3rd Age Group	1957	313	15.99	1383	70.67	253	12.93	8	.41
	Total	5652	667	11.80	4264	75.44	703	12.44	18	.32
Rural Sch's	Entrants	2032	339	16.68	1371	67.47	315	15.50	7	.35
	2nd Age Group	1772	223	12.58	1179	66.53	363	20.49	7	.40
	3rd Age Group	1726	393	22.77	1110	64.31	220	12.75	3	.17
	Total	5530	955	17.27	3660	66.18	898	16.24	17	.31
All Schools		11182	1622	14.51	7924	70.86	1601	14.31	35	.31



## **Following Up.**

Parents are advised in writing as to any treatment that may be found to be necessary at the Medical Inspection. The children in question are "followed up" by the School Nurses who visit the homes and confer with the parents in order that treatment may be carried out as expeditiously as possible. The number of home visits made by the nurses for this purpose during the year was 11,443 as compared with 12,503 in 1936.

## **Medical Treatment.**

It is obvious from the findings at medical inspections that treatment is required to be provided for a large variety of defects and conditions.

Parents are expected to make their own arrangements for treatment either through their own doctors or if necessary at a hospital or institution. Where however, this is not possible either because parents are unable to afford the cost or when for any reason treatment would not otherwise be obtained it is provided through the Education Committee.

Minor ailments are dealt with at the school clinics. Special clinics are available for the treatment of crippling defects, rheumatism and heart disease, eye defects and dental defects.

Arrangements for the operative treatment of tonsils and adenoids and certain eye defects have been made with the voluntary hospitals in the area. Ear, nose and throat and eye cases may if necessary be referred by the Council's Medical Officers to a Consultant for medical advice and treatment.

The only noteworthy change proposed in the Education Committee's arrangements for treatment is that in connection with the treatment of eye diseases and defects. Hitherto this work has been carried out by three of the Council's Assistant Medical Officers, but recently it has not been possible to find officers with the necessary qualifications and experience. It was therefore decided to employ the ophthalmic surgeons in private practice in the County to do the whole of the Council's eye work. A satisfactory arrangement has been made with the ophthalmic surgeons of which there are six. It is proposed to bring the scheme into operation early in 1938.

Each of the surgeons will be responsible as far as practicable for the patients in the area covered by his private or hospital practice and will have charge of the eye clinics already established in that area.

Children found at medical inspections to have eye defects requiring treatment will therefore in future be referred to the ophthalmic surgeons who will be responsible for treatment at the clinics and also for any operative treatment that may be necessary at the voluntary hospitals.

**(a) Malnutrition.**

Treatment and advice is available at the school clinics for children reported as undernourished. Cod liver oil and its preparation are provided at the discretion of the medical officers.

It is by no means always the case that undernourishment is due to lack of food or lack of the proper sort of food. The medical officers have frequently referred to the lack of rest and unsatisfactory home conditions as being often of greater importance as casual factors.

Necessitous children may, on the recommendation of a medical officer receive a daily ration of free milk under the Milk in Schools Scheme in operation in the County. During the year 760 children received a free supply and the number who were still receiving it at the end of the year was 492.

Undernourished children from the Borough of Louth have again greatly benefitted by a period of attendance at the Louth Open Air Day School. The number of cases of malnutrition attending during the year was 41 of which 18 were new cases.

**(b) Chronic Tonsilitis and Adenoids.**

During the year 350 children were operated on under the Education Committee's Scheme for one or other of these conditions. A further 58 were operated on under arrangements made privately by the parents. There were in addition 244 cases where operation was not advised which received other forms of treatment at the clinics or elsewhere.

The number of cases dealt with at the various centres by operation are as follows:—

Barton-on-Humber	13	Lincoln County Hospital	13
Boston Hospital	3	Louth & District Hospital	49
Brigg Hospital	10	Scunthorpe War Memorial	
Gainsborough, John Coupland		Hospital	165
Hospital	34	Skegness Cottage Hospital	23
Grimsby & District Hospital	8	Spilsby Cottage Hospital	32

Consultant advice was sought by the medical officers in respect of 16 children suffering from ear, nose and throat defects.

**(c) Defective Vision and Squint.**

There was a falling off in the number of children examined for errors of refraction as compared with the previous year. This was due to vacancies on the staff and the inability of the Authority for a time to obtain the services of officers with the special experience necessary for this work.

The number of children refracted was 953. Spectacles were prescribed for 755 cases in 512 of which they had been obtained at the end of the year.

A further 82 children were known to have been examined privately, 74 of them being provided with glasses.

The cases referred to Consultants for advice and treatment numbered 24.

Five children were admitted to hospital for operation.

**(d) Rheumatism and Heart Diseases.**

Children suffering from heart disease, rheumatism and allied conditions are referred to Dr. J. W. Brown, the Medical Officer in charge of the Rheumatism and Heart clinics. The number of cases attending these clinics during the year was 61.

The classification of those attending was as follows:—

	Elementary.	Secondary.	Total.
(1) Rheumatic Pains or Arthritis:			
(a) with heart affection	8	—	8
(b) without heart affection	9	—	9
(2) Rheumatic Chorea:			
(a) with heart affection	—	—	—
(b) without heart affection	—	—	—
(3) Rheumatic Carditis:			
without (1) or (2) above	—	—	—
(4) Congenital heart disease	10	1	11
(5) Functional Heart Disorder	14	2	16
(6) Found not to be suffering from Rheumatism or Disease or Disorder of the Heart	17	—	17

Reporting on the work of the Clinics Dr. Brown writes as follows:—

“The rheumatism and heart clinics at Cleethorpes, Scunthorpe and Gainsborough have been well attended and a stage is approaching in their work when most of the existing cases of heart disease in children attending



school have been examined. A great many cases have been seen with reference to heart murmurs of unknown etiology, the so called functional murmur, which though at times loud may not be in any way indicative of heart disease. This class of case is a very important one for it recruits many potential invalids, largely owing to the restrictions that are sometimes unnecessarily imposed. Certain of these cases, which have been under observation since the inception of the clinics, have shewn gradual recession of the murmur so that after a few years it has entirely disappeared.

The figures of these clinics are as yet not large enough to draw any final conclusions, but certain points of interest begin to emerge. It appears that about 60 per cent. of all cases of acute articular rheumatism in childhood are left with permanent irrevocable cardiac damage mainly in the form of a valvular lesion, and particularly involving the mitral valve. Many of the cases are seen in the early stages of infection in the hospital or private practice of your physician, and it is certain that nearly every case shews signs of cardiac involvement at this stage. The cases most likely to escape permanent damage are those where prolonged rest in bed is possible, and where the progress of the infection can be studied by blood tests (sedimentation rate) and other laboratory methods. Even in a child who appears to have recovered from the acute attack and seems to be quite well, there may yet be indications in the blood that the rheumatic process is still smouldering. Observation has shown that such cases may present themselves some years after infection with obvious signs of a valvular lesion, and for this reason any case that has been seen at the clinic is reviewed at intervals. At the present time it would seem impossible to introduce these more modern methods of control as a routine at the clinics owing to the prejudice that might be aroused through the collection of a few drops of blood. Chorea, on the other hand, unless accompanied by arthritis or arthritic pains, is rarely accompanied by any heart lesion. Figures derived from the work of many years shew that about 3 per cent. of cases only of chorea have residual cardiac damage. Any observer who is in contact with large numbers of cases of rheumatism and chorea must ultimately develop a doubt as to whether the etiology of the two diseases is identical as is commonly taught.

Some attention has been paid to the social aspects of these cases. It is apparent that rheumatism is not a disease of the very poor. Its main incidence is in the better working class type of home, where income is adequate for the ordinary necessities of life. None of the cases are suffering from malnutrition in the sense of insufficient food. One cannot however, escape the conclusion that the dietary of some of these patients is strange



and sadly lacking in fresh uncooked elements. Much tinned food in the nature of fish, fruit, vegetables, and meats enters into the dietary, and if pasteurised milk is taken as well, the diet is almost entirely without the necessary vitamins for healthy bodily metabolism and resistance to disease. One is struck too by the frequency with which a mother may insist that the child has a cooked dinner every day, indicating a point of distinction from other people's children. Is it that the mother of to-day does not know how to cook because she has never been taught, or is it the lure of cheap tinned cooked foods and consequent saving of domestic work, that is the cause of the disappearance of the healthy rational meals once so characteristic of our country?

Further lines of advance appear to be wrapped up in the question of nutrition. We know that deficiency of a certain vitamin predisposes to infection, and we know that in rheumatism there is a marked deficiency of another vitamin. Both these vitamins can be readily supplied apart from food, and further study may shew whether it would be advisable to supply them. In another direction there remains the question of providing some place where rest and education can be combined, and adequate treatment of the severe cases carried out.

Considerable interest has been taken in the congenital heart cases, and the results of this work are embodied in a forthcoming publication.

I should like to thank the School Medical Officers and the School Nurses of the areas concerned for their whole-hearted co-operation in this work. The nurses have rendered valuable service in pursuing enquiries in the homes of these patients."

#### (e) **Tuberculosis.**

The treatment of children suffering from pulmonary tuberculosis is undertaken at the Branston Hall Sanatorium where there are 35 beds for this purpose. There is also an open air school provided at the institution so that their education may be continued while they are undergoing treatment.

Cases of surgical tuberculosis requiring institutional treatment are by arrangement admitted to voluntary and special hospitals. During the year 1937 there were 76 school children under treatment or observation at the undermentioned institutions:—

##### PULMONARY TUBERCULOSIS.

Branston Hall Sanatorium	....	51
Grimsby Corporation Hospital	..	1

##### NON-PULMONARY TUBERCULOSIS.

Gringley Children's Hospital	....	15
Harlow Wood Orthopaedic Hospital	.....	7
Lincoln County Hospital	.....	2

**(f) Orthopaedic and Postural Defects.**

There are six Orthopaedic Clinics established in the County to which children suffering from crippling defects are referred.

The number of cases treated during the year was 268 and the total number of attendances 4,553. Eighty-seven children were provided with special orthopaedic appliances on the recommendation of the Orthopaedic Surgeon.

The diseases and defects for which treatment was given are as follows:—

	No. treated in Hospitals.	No. treated at Clinics
Claw foot	—	5
Club foot	2	14
Flat feet	—	17
Poliomyelitis	8	62
Paralysis	4	17
Spinal Curvature	1	34
Rickets	1	23
Torticollis	—	4
Tuberculosis	14	21
Other conditions	13	71

**(g) Minor Ailments.**

The treatment of minor ailments is carried out at the school clinics. Sessions are held by a Medical Officer once a week and in the large centres of population a daily clinic is held by the School Nurse who supervises the treatment prescribed by the doctor.

In the more remote districts where children cannot conveniently get to the nearest clinic they can attend the local infant welfare centre for advice and treatment.

The cost of transport to the clinics is paid in necessitous cases by the Education Committee.

For the treatment of minor injuries on school premises first aid outfits are available.

The total defects treated under this heading through the Authority's Scheme was 2,958 as compared with 2,910 in 1936,

Particulars of the defects treated are given in Table IV at the end of the report.

The number of new cases attending the clinics in the year under review was 3,267, while the total attendances of old and new cases was 8,309.

### **Dental Inspection and Treatment.**

The County Council employs 6 dentists. Two give the whole of their time to school work and the remaining 4 give half their time. The School Dental Service has therefore the equivalent of 4 whole time officers. It is not possible with this staff to inspect and treat the whole of the school population during the year. In the two larger centres of population viz. the boroughs of Scunthorpe and Cleethorpes the procedure adopted is to inspect and treat where necessary all children attending the schools in these areas. In the remainder of the County in respect of certain age groups only, those children are inspected whose parents have intimated previously that they will be willing to accept treatment if it is found to be necessary. In the above mentioned districts where no restriction operates 5,534 children were inspected of which 5,237 or 94% were in need of treatment. Taking the whole County there were 11,364 inspections of which 10,674 or 93% required treatment.

There is still a large proportion of parents who refuse dental treatment for their children, in some areas the percentage of refusals being as high as 60%.

The efforts of the Dental Board of the United Kingdom to bring to the notice of parents the importance of dental inspection and treatment have been most helpful and greatly appreciated. Propaganda work is undertaken by them in this County every other year, the last occasion being in 1936 when some 20 schools were visited.

Much in the way of propaganda can be done by the school dentist. In this connection Miss P. Ryan, one of the Authority's dentists writes as follows:—

“Attention is paid to propaganda which is carried out by means of chairside instruction and the distribution of leaflets. I wish to express my appreciation of the pamphlets—“The Story of a Tooth”—published by the Dental Board which amuse and at once gain the interest of the children.



They are distributed in all the schools I visit and the teachers usually give a hygiene lesson on them during my visit to the school. These pamphlets are taken home to the parents and in this way valuable propaganda work is done.

I get very few refusals of treatment and this I attribute to the fact that I never mark a child a "refusal" without first writing to the parent and explaining the condition of the child's mouth and urging the value of dental treatment. In most cases the child brings back a reply requesting me to do whatever is necessary. Although this takes up a great deal of my time with no figures to show for it I consider it is time well spent. The success of this I attribute not so much to what is said in the letter as to the fact that it creates a "personal touch." Many parents still look on the scheme with great suspicion; some being of the opinion that it is too cheap to be of any good. When they receive a detailed and often lengthy letter written by hand they realize that the dentist has a personal interest in the welfare of their child and does not regard the boy or girl as just one of a number to be treated.

In many of the smaller rural schools the work of the dentist is often hampered by want of a suitable room in which to work. On more than one occasion the cloak room has had to be used.

Generally lack of sufficient lighting is the defect most commonly complained of by the dentists.

#### 1. Minor Ailment Clinics.

Clinic	Address	When Held
Barton-on-Humber Brigg Cleethorpes Gainsborough	50, Holydyke, Barton-on-Humber The Cedars, Bigby Road, Brigg St. Hugh's Avenue, Cleethorpes 1, Popplewells Row, Bridge Street, Gainsborough	Mondays, 10 a.m. Thursdays, 10 a.m. Wednesdays, 10 a.m.
Hornecastle Immingham	Rolleston House, Hornecastle Parish Mission, Pelham Road, Immingham	Tuesdays 2 p.m. to 4 p.m. Thursdays, 10-30 a.m. 4th Monday each month, 2 p.m.
Lincoln	30, Lindum Road, Lincoln	Fridays, 10-30 a.m.
Louth	32, Queen Street, Louth	Wednesdays, 2 p.m.
Market Rasen	18, King Street, Market Rasen	Tuesdays, 10-30 a.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	Fridays, 10 a.m.
Spilsby	2, West End Villas, Spilsby	Mondays, 10 a.m. to 1-30 p.m.
Skegness	Baptist Church, Lumley Road, Skegness	Fridays, 2 p.m.



**2. Eye Clinics.**

Clinics	Address	When Held
Barton-on-Humber	50, Holydyke, Barton-on-Humber	By arrangement
Brigg	The Cedars, Bigby Road, Brigg	"
Cleethorpes	St. Hugh's Avenue, Cleethorpes	"
Gainsborough	1, Popplewells Row, Bridge, Street, Gainsborough	"
Horncastle	Rolleston House, Horncastle	"
Lincoln	30, Lindum Road, Lincoln	"
Louth	32, Queen Street, Louth	"
Market Rasen	18, King Street, Market Rasen	"
Scunthorpe	Parkinson Avenue, Scunthorpe	"
Spilsby	2, West End Villas, Spilsby	"

**3. Orthopaedic Clinics.**

Clinic	Address	When Held
Lincoln	30, Lindum Road, Lincoln	Wednesdays, by arrangement, 2-30 p.m.
Cleethorpes	St. Hugh's Avenue, Cleethorpes	4th Monday each month, 2-30 p.m.
Gainsborough	1, Popplewells Row, Bridge Street, Gainsborough	2nd Tuesday, each month, 2-30 p.m.
Louth	32, Queen Street, Louth	Thursday, by arrangement, 2-30 p.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	1st and 3rd Tuesday each month, 2-30 p.m.
Spilsby	2, West End Villas, Spilsby	3rd Monday each month, 2-30 p.m.

**4. Artificial Sunlight Clinics.**

Clinics	Address	When Held
Cleethorpes	St. Hugh's Avenue, Cleethorpes	Twice weekly on Mondays and Thursdays, 10 a.m.
Gainsborough	1, Popplewells Row, Bridge Street Gainsborough	Twice weekly on Mondays and Thursdays, 10 a.m.
Louth	32, Queen Street, Louth	Twice weekly, Tuesday 2 p.m., Friday 10 a.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	Twice weekly on Mondays and Thursdays, 10 a.m.

**5. Rheumatism and Heart Clinic.**

Clinic	Address	When Held
Cleethorpes	St. Hugh's Avenue, Cleethorpes	3rd Wednesday each month, 2 p.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	1st Wednesday in the month, every 2 months, 2 p.m.
Gainsborough	1, Popplewells Row, Bridge Street, Gainsborough	do.

## Blind, Deaf, Defective and Epileptic Children.

Children who are defective within the meaning of Part V of the Education Act 1921, are ascertained by the medical inspectors at the school medical inspection. Cases are also reported by the head teachers, school nurses, attendance officers and through the staff of the Maternity and Child Welfare centres.

A register is kept of all ascertained cases which shows that at the end of the year there were 434 children classified under the above heading of which 77 were cases reported for the first time during 1937.

The following is the classification of the new cases and of those remaining on the register at the end of the year.

	New cases	No. on Register on 31st December.
Blind—totally	2	8
„ partially	1	3
Deaf—totally	3	18
„ partially	1	3
Feeble-minded	18	117
Epileptic	1	8
Tuberculosis (pulmonary)	22	56
„ (non-pulmonary)	7	42
Delicate	15	48
Cripples	7	116
Heart disease	—	4
Multiple defects	—	11

There are no Special Schools in the County and children requiring education in this type of institution have to be sent outside the County as and when suitable vacancies can be obtained. There is still considerable difficulty in finding accommodation for mental defective children.

During the year 31 children were admitted to Special Schools and 44 discharged, the number remaining at the end of the year being 99.

## Infectious Diseases.

The system by which head teachers report cases of infectious disease simultaneously to the School Medical Officer and to the district Medical Officers of Health has continued and has given useful results.

Influenza was prevalent at the beginning of the year, 2,034 cases being notified by the teachers in January. An outbreak of diphtheria occurred in the Horncastle Urban District. The first cases were reported early in October, and up to the end of the year 27 cases amongst the children of school age had been notified.

Steps to limit the spread of infection were taken by the School Medical Officer in conjunction with the district Medical Officer of Health. These included the isolation of cases, exclusion and bacteriological examination in the case of contacts and disinfection of school premises.

A scheme of immunization was instituted by the local District Council as the result of which between 80 and 90 per cent. of school children in the area were immunised. During the epidemic one of the County infectious diseases nurses was in daily attendance at the elementary schools.

The following is a summary of the notifications made by head teachers during the year:—

Summary of Infectious and Contagious Diseases notified by Head Teachers during 1937.

Month	No. of cases excluded on account of disease being in house	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken-Pox	Mumps	German Measles	Ringworm	Impetigo	Scabies	Influenza	Other Conditions	Total
January	370	7	6	108	36	37	201	—	7	15	—	2034	2	2453
February	130	7	4	43	8	4	134	10	8	12	6	362	1	599
March	66	10	6	110	17	27	116	—	1	10	1	38	11	347
April	101	11	4	29	13	32	172	—	7	26	3	33	5	335
May	69	9	1	23	70	26	192	20	3	28	4	—	—	376
June	157	6	4	225	129	117	162	31	1	20	12	—	1	708
July	156	8	5	180	72	149	105	14	6	12	2	1	—	554
August	15	—	1	8	13	1	—	—	—	4	—	—	—	27
September	61	21	4	55	110	11	24	2	3	56	4	22	10	322
October	136	18	11	293	77	18	80	2	3	26	—	—	22	550
November	158	22	22	189	112	93	67	1	3	46	4	1	33	593
December	85	8	12	89	47	40	27	—	3	13	—	2	13	254
Total	1504	127	80	1352	704	555	1280	80	45	268	36	2493	98	7118



In connection with the presence of infection in schools the Council's infectious diseases nurses made 281 visits to 228 schools for the purpose of assisting and advising head teachers. They also visited 1,772 children in their own homes who had been reported as suffering from one or other of the infectious diseases. These visits are made chiefly to children suffering from measles and whooping cough and whose parents have not called in a doctor.

### **School Closures.**

Ninety-eight schools or departments were closed on account of the prevalence of infectious disease, as compared with 21 closures in 1936.

Schools closed on the recommendation of the district Medical Officer of Health numbered 95, while 3 were closed by the School Medical Officer.

The number of schools closed and the diseases rendering closure necessary are as follows:—

Disease.	No. of closures.
Measles .....	13
Chicken Pox .....	1
Whooping Cough .....	3
Diphtheria .....	2
Measles and Whooping Cough .....	2
Scarlet Fever .....	1
Scarlet Fever and Influenza .....	1
Whooping Cough and Influenza .....	1
Influenza .....	74

### **Exclusions.**

During the year 1,504 children were excluded from school for varying periods because of the presence of infectious disease in their homes or because they were known to have been in contact with infection. The rules of the Board of Education as to the exclusion of infected children and contacts have been adhered to.

### **Certificates of Reduced Attendance.**

When attendance is reduced to below 60% on account of the prevalence of infectious disease, and the School Medical Officer issues a certificate to this effect, the meetings and attendances for the period in question may be disregarded in calculating the average attendance, and consequently loss of grant is avoided. During 1937, 290 certificates in respect of 121 schools were issued for this purpose.

## **Open-air Education.**

There is no organised arrangement for holding classes in the open air although many head teachers during the summer months take the opportunity of holding playground classes. The new schools erected by the Authority for a number of years have been built on the open air principle. In these it is possible to have one side of the classrooms wholly or partially open according to the climatic conditions.

### **Louth Open-air School.**

The unsatisfactory condition of the fabric of this school has been referred to in previous reports and the proposal now is to build a new school on a site which the Committee has obtained adjacent to the existing premises. The present school being a day-school only serves the borough of Louth and the immediate neighbourhood. There is need of residential accommodation to which children from other parts of the County might be sent when necessary.

There were 41 children in attendance at the school during the year all of which were admitted as cases of malnutrition. Twenty-two cases were discharged as fit for the ordinary elementary school. One child suspected to be suffering from tuberculosis was transferred to the Branston Hall Sanatorium for observation.

## **Physical Training.**

Since Miss Terry's resignation some 12 years ago the services of an organiser of physical training have not been available in the County. During the year however, the Education Committee appointed two organisers Miss F. Watson and Mr. C. E. Wallis who commenced work towards the end of the year.

Some considerable time must elapse before a satisfactory scheme for physical education is actually working. There is a great deal of preliminary survey work to be done and it will be necessary in many of the elementary schools to bring the equipment up to standard. In not a few of the rural schools the condition of the playgrounds is far from satisfactory.

Numbers of children attending the elementary schools are known to have minor postural defects and other slight deformities, many of which would benefit considerably by the proper corrective exercises. It is hoped that in the larger schools at any rate it may be possible to organise special classes for this type of case.

## **Provision of Meals.**

No meals are provided by the Authority under Sec. 82 of the Education Act, 1921.

The Education Committee continues to supply equipment to any school providing approved facilities for children partaking of their mid-day meal at school and in the case of 34 schools in the area they also pay the cost of a supervisor to take charge of the children during the meal hours.

There are 8 schools in the County with properly equipped and staffed Canteens where a mid-day meal is provided at a comparatively small cost to the children.

## **Milk in Schools.**

The arrangement for the supply of milk in schools under the Milk Marketing Board's Scheme has been described in previous reports. Some modification of this arrangement was made during the year. In connection with the supply of free milk the scale used in determining whether or not parents were able to afford the cost of milk provided, has been revised and is now rather more generous than before.

Steps have also been taken to ensure better co-operation between the head teachers and the school medical staff so that the supply of free milk to necessitous cases of undernourishment may be expeditiously arranged.

It is also now possible on the recommendation of a medical officer for undernourished children to receive two milk rations daily.

The number of elementary schools having schemes for the supply of fresh milk is 137 as compared with 122 in 1936. At the end of the year under review 9,907 children were receiving a daily ration of milk for payment while 492 were in receipt of a free supply.

In a number of schools where fresh milk is not supplied arrangements have been made for providing certain brands of dried milk or patent food. Over 3,000 children were having extra nourishment in this form at the end of the year. These foods are popular with the children because of their pleasant flavour and because they are served hot. Presumably to encourage the use of their food one firm supplies the necessary trays and utensils. Whatever may be said of these foods from the point of view of convenience they are not to be compared with fresh milk as regards their nutritive value. In this connection I would repeat what was stated in my report for 1932.



“There is a tendency for the number of schools at which patent foods are provided to the exclusion of fresh milk, to increase and in this connection it would seem desirable to say that where a satisfactory supply of fresh milk is available it should be provided in preference to other foods now being supplied. Not only is fresh milk one of the most nutritious foods but it is also one of the cheapest. If it is compared with the proprietary article now in most common use, as a substitute, it will be found to contain nearly three times the amount of nutritive solids. In other words the quantity of nutritive solids provided in the form of fresh milk for 1d. would if provided in the form of the patent food in question cost 3d. Moreover milk in its natural form possesses apart from its value as a food, other valuable health giving properties which are usually not to be found in the artificially prepared variety.”

The Chief Medical Officer of the Board of Education in his report for 1936 on the “Health of the School Child,” gives an interesting table comparing the food value of dried milk preparations as served in schools with that of one third of a pint of milk. It is reproduced here for the information of head teachers, managers and others interested in the Milk in School Schemes.

Comparison of food values of dried milk preparations as served in schools with that of one-third of a pint of milk:—

	Preparation A.		Preparation B.	One-third of a pint of milk
	As actually served	As it would have been if the printed direc- tions of the manufacturers had been followed	As served	
Protein	0.78 grams	1.24 grams	3 grams	6.2 grams
Fat	0.39 grams	0.62 grams	2.1 grams	6.8 grams
Carbohydrate	4.43 grams	7.02 grams	9.3 grams	9.1 grams
Calories	25	40	70	126

Of the 137 schools having Milk Schemes “Accredited” milk was being provided in 45, pasteurised milk in 61 and ordinary farm milk in 31.

Approval was refused during the year in respect of 4 sources of supply where the methods of production were unsatisfactory. Two producers voluntarily ceased to supply milk to schools as they were not prepared to take the steps recommended as necessary to bring the quality of the milk up to the required standard.

The number of samples examined in connection with school supplies was 187 of which 18 were unsatisfactory.

## **Co-operation of Teachers, Parents, School Attendance Officers and Voluntary Bodies.**

### **Parents.**

Parents are invited to all routine inspections and their co-operation is sought by doctors, dentists and nurses, not only in connection with the inspection at the schools but also in connection with treatment at the school clinics and at their homes. The number of parents present at the routine inspections during the year was 5,540, that is, approximately 50% of the children examined were accompanied by one or other of their parents. In the rural areas the homes are frequently a considerable distance from the school and it is creditable that so many parents find it possible to be present when their children are being examined.

### **Teachers.**

The effective working of the school medical service depends largely on the help and co-operation of the teachers and I again gladly acknowledge the important part the teaching staff has played in furthering the success of the health facilities provided by the Education Committee.

### **School Attendance Officers.**

The attendance officers have always worked in close co-operation with the staff of the school medical department and have again given valuable help in connection with children absent from school on account of illness.

They have also been the means of ensuring that parents obtain the treatment recommended by the School Medical Inspector.

The decision of the Education Committee to appoint a Superintendent Attendance Officer on the headquarters staff will further facilitate co-operation.

### **Voluntary Bodies.**

Valuable assistance continues to be rendered by various voluntary agencies in the County.

The National Society for the Prevention of Cruelty to Children has again been most helpful in investigating cases of neglect—of which there were 57 referred to it during the year.

The work of the voluntary hospitals in connection with the School Medical Service continues to increase and the help they have given in respect of patients through the Education Committee's schemes is much appreciated. Other voluntary bodies whose help is always willingly given include the Child Welfare Association, the Blind Society, the County and District Nursing Associations and the Deaf and Dumb Mission.

## **School Baths.**

There are no baths provided in connection with any of the elementary schools in the County.

The arrangements continue whereby the public baths at Scunthorpe, Gainsborough and Cleethorpes, are available for children receiving instruction in swimming.

## **Children and Young Persons Act.**

The medical records of 161 children were supplied to the Director of Education for use in connection with legal proceedings under the Children and Young Persons Act.

## **Employment of Children and Young Persons.**

The employment of school children in the County is regulated by bye-laws. Children over 12 years of age may be employed in certain specified duties provided certificates of fitness for such employment are obtained from the School Medical Officer. The necessary examinations are carried out at the school clinics. The number of children examined during the year was 150, and of this number 139 were found to be fit. Certificates were withheld in respect of the remaining 11 children.

During the year proceedings were taken in eleven cases for contravention of the bye-laws. Convictions were secured in all cases.

Arrangements have been made through which the Juvenile Employment Exchange is notified of any child who is considered to be unfit for certain forms of employment. This information is forwarded to the Employment Authorities when the child leaves school.

## **Nursery Schools.**

The only Nursery School in the County is that at Louth. It is administered by a local voluntary committee. An annual grant of £250 towards the cost of running the school is made by the County Council. The arrangements for co-ordinating the work of the school with that of the Council's Maternity and Child Welfare Services have been referred to in earlier reports. The school has accommodation for 40 pupils. The average attendance during the year was 33.



## SECONDARY SCHOOLS.

### Medical Inspection.

At the secondary schools each pupil is examined as soon as practicable after entering school and again shortly before leaving. Parents are notified of any disease or defect found and advised as to any treatment considered necessary. Parents are expected to make their own arrangements for treatment and it is only in exceptional circumstances that treatment is provided through the school medical service.

During the year the number of pupils examined in the two groups referred to above was 1,059. In addition 74 pupils were brought forward for special examination while 972 re-examinations were made of children with defects found at previous inspections.

### Findings at Medical Inspections.

Details of the findings at medical inspections are recorded in the table given on page 36 of this report.

Of the 1,059 children examined as "routines" 151 or 14.2% were reported as in need of treatment. Compared with last year there has been a considerable increase in the number requiring treatment for ear, nose and throat conditions.

The percentage of secondary school children whose nutrition was reported as below normal was 9.64 as compared with 11.06 in the preceding year. The incidence of undernourishment was as already stated 14.64%.

### Medical Treatment.

The medical officers reported during the year that 73 pupils who had previously been found to have defects had received appropriate treatment. This number included 44 cases of defective vision.

### Milk in Secondary Schools.

Eleven of the 16 secondary schools in the area have now made provision for the supply of fresh milk. The number of pupils in receipt of a daily ration was at the end of the year 965, which is 464 more than at the end of 1936.

W. S. H. CAMPBELL,  
*School Medical Officer.*



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STATISTICAL  
TABLES.

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## Elementary Schools.

TABLE I.—MEDICAL INSPECTIONS OF CHILDREN  
ATTENDING PUBLIC ELEMENTARY SCHOOLS.

### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	3,940
Second age group	3,559
Third age group	3,683
Total	11,182
Number of other routine inspections	—
Grand Total	11,182

### B.—OTHER INSPECTIONS.

Number of special inspections	3,395
Number of re-inspections	16,299
Total	19,694

### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other con- ditions recorded in Table II A. (3)	Total. (4)
Entrants	10	447	454
Second Age Group	147	273	401
Third Age Group	126	148	268
Total (Prescribed Groups)	283	868	1,123
Other Routine Inspections	—	—	—
Grand Total	283	868	1,123

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended  
31st December, 1937.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Re- quiring treat- ment	Requiring to be kept under observation but not requiring treatment.	Re- quiring treat- ment	Requiring to be kept under observation but not requiring treatment
1		2	3	4	5
Skin	(1) Ringworm—Scalp	2	1	2	—
	(2) „ Body	—	—	9	—
	(3) Scabies	10	—	59	—
	(4) Impetigo	24	2	462	1
	(5) Other Diseases (Non-Tuberculous)	10	7	226	2
TOTAL (Heads 1 to 5)		46	10	758	3
Eye	(6) Blepharitis	10	17	49	2
	(7) Conjunctivitis	4	2	116	—
	(8) Keratitis	1	—	3	—
	(9) Corneal Opacities	1	2	—	—
	(10) Other Conditions (excluding De- fective Vision and Squint)	6	4	37	1
TOTAL (Heads 6 to 10)		22	25	205	3
Ear	(11) Defective Vision (excluding Squint)	283	86	162	5
	(12) Squint	49	63	30	2
	(13) Defective Hearing	12	13	14	3
	(14) Otitis Media	18	18	44	5
	(15) Other Ear Diseases	39	3	73	—
Nose and Throat	(16) Chronic Tonsillitis only	163	233	36	5
	(17) Adenoids only	13	12	15	5
	(18) Chronic Tonsillitis and Adenoids	264	166	96	7
	(19) Other Conditions	6	4	132	—
	(20) Enlarged Cervical Glands (Non-Tuberculous)	9	31	13	2
Heart & Circula- tion Lungs	(21) Defective Speech	—	11	1	5
	Heart Disease:				
	(22) Organic	29	31	4	1
	(23) Functional	13	70	3	3
	(34) Anaemia	126	66	227	6
Tuber- culosis	(25) Bronchitis	56	58	141	—
	(26) Other Non-Tuberculous Diseases	5	44	5	1
	Pulmonary:—				
	(27) Definite	—	2	—	—
	(28) Suspected	8	17	—	1
	Non-Pulmonary:—				
	(29) Glands	1	—	3	1
	(30) Bones and Joints	—	4	2	—
	(31) Skin	—	—	—	—
	(32) Other Forms	1	5	2	1
TOTAL (Heads 29 to 32)		2	9	7	2
Nervous System	(33) Epilepsy	—	5	2	1
	(34) Chorea	2	3	2	2
	(35) Other Conditions	7	11	14	7
Deform- ities	(36) Rickets	1	2	1	1
	(37) Spinal Curvature	3	1	1	—
	(38) Other Forms	6	9	35	2
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		35	47	834	16
Total number of defects		1217	1050	2855	88

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children In- spected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3940	538	13.65	2863	72.67	527	13.38	12	.30
Second Age-group	3559	378	10.62	2568	72.15	601	16.89	12	.34
Third Age-group	3683	706	19.17	2493	67.69	473	12.84	11	.30
Other Routine In- spections	—	—	—	—	—	—	—	—	—
TOTAL	11182	1622	14.51	7924	70.86	1601	14.32	35	.31

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON  
31st DECEMBER, 1937.

Defect	At Certified Special Schools	At Public Elementary Schools	At Other In- stitutions	At no School or Institution	Total
BLIND (Totally)	6	1	—	1	8
(Partially)	1	1	—	1	3
DEAF (Totally)	15	—	—	3	18
(Partially)	2	1	—	—	3
MENTALLY DEFECTIVE (Feeble Minded)	33	39	7	38	117
EPILEPTIC (Severe Epilepsy)	1	4	—	3	8
PHYSICALLY DEFECTIVE					
Tuberculosis—					
Pulmonary	—	18	29	9	56
Non-Pulmonary	13	26	—	3	42
Delicate	13	30	—	5	48
Crippled	11	82	3	20	116
Heart Disease	—	—	—	4	4
Children with Multiple Defects not included above	4	5	1	1	11
Total	99	207	40	88	434



TABLE IV.

DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1937.

GROUP I. MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

Disease or Defect  1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin:</i>			
Ringworm—Scalp			
(i.) X-Ray Treatment	3	—	3
(ii.) Other Treatment	2	8	10
Ringworm—Body	9	21	30
Scabies	62	29	91
Impetigo	468	242	710
Other Skin disease	175	37	212
<i>Minor Eye Defects:</i> (External and other, but excluding cases falling in Group II.)	294	45	339
<i>Minor Ear Defects</i>	148	80	228
<i>Miscellaneous:</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	1797	560	2357
Total	2958	1022	3980

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including squint)	953	82	1035
Other defect or disease of the eyes (excluding those recorded in Group I)	80	—	80
Total	1033	82	1115
	Under the Authority's Scheme	Otherwise	Total
No. of Children for whom spectacles were			
(a) Prescribed	755	74	829
(b) Obtained	512	74	586

TABLE IV.—Continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment	Total number Treated
Under the Authority's Scheme in Clinic or Hospital 1				By Private Practitioner or Hospital apart from the Authority's Scheme 2				Total 3					
(i.) 6	(ii.) 7	(iii.) 337	(iv.) —	(i.) 21	(ii.) 2	(iii.) 34	(iv.) 1	(i.) 27	(ii.) 9	(iii.) 371	(iv.) 1	244	652

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids.  
(iv.) Other Defects of the Nose and Throat.

GROUP IV. Orthopaedic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise (2)			Total Number treated
	Residential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthop'dic Clinic	Resi- dential treatment with Education	Resi- dential treatment without Education	Non-Resi- dential treatment at an Orthop'dic Clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated	22	21	268	No	informati	on	288

TABLE V. DENTAL INSPECTION AND TREATMENT.

1. Number of children inspected by the Dentist:—					—
(a) Routine Age Groups	Age.	Number.	Total	10,926	
	5	253			
	6	1,183			
	7	1,462			
	8	1,321			
	9	1,342			
	10	1,281			
	11	1,270			
	12	1,277			
	13	1,246			
	14	291			
(b) Specials				437	
(c) TOTAL (Routine and Specials)				11,363	
2. Number found to require treatment				10,674	
3. Number actually treated				7,002	
4. Attendances made by children for treatment				11,335	
5. Half days devoted to:—					
	Inspection	{ 1,871 }	Total	1,871	
	Treatment				
6. Fillings	Permanent Teeth	{ 5,066 }	Total	5,617	
	Temporary Teeth	{ 551 }			
7. Extractions	Permanent Teeth	{ 2,895 }	Total	13,041	
	Temporary Teeth	{ 10,146 }			
8. Administrations of general anaesthetics for extractions				813	
9. Other Operations	Permanent Teeth	{ 3,028 }	Total	3,723	
	Temporary Teeth	{ 695 }			

TABLE VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per school made during the year by the School Nurses			3.75
2. Total number of examinations of children in the Schools by School Nurses			64,359
3. Number of individual children found unclean			1,416
4. Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921			—
5. Number of cases in which legal proceedings were taken:—			
(a) Under the Education Act, 1921			—
(b) Under School Attendance Byelaws			—

## Secondary Schools.

TABLE I.  
MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
SECONDARY SCHOOLS.

### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	883
Second Age Group	—
Third Age Group	176
Total	1,059
No. of other Routine Inspections	—
Grand Total	1,059

### B.—OTHER INSPECTIONS.

Number of Special Inspections	74
Number of Re-Inspections	972
Total	1,046

### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *routine* Medical Inspection to require treatment (excluding defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint. (2)	For all other con- ditions recorded in Table IIA. (3)	Total (4)
Entrants	39	103	134
Second Age Groups	—	—	—
Third Age Groups	4	13	17
Total (Prescribed Groups)	43	116	151
Other Routine Inspections	—	—	—
Grand Total	43	116	151



TABLE II.

A. Return of Defects found by Medical Inspection in the year ended  
31st December, 1937.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects	
		Re- quiring treat- ment	Requiring to be kept under observation but not requiring treatment	Re- quiring treat- ment	Requiring to be kept under observation but not requiring treatment
1		2	3	4	5
Skin	(1) Ringworm—Scalp	—	—	—	—
	(2) " Body	—	—	—	—
	(3) Scabies	—	—	1	—
	(4) Impetigo	—	—	—	—
	(5) Other Diseases (Non-Tuberculous)	—	—	1	—
TOTAL (Heads 1 to 5)		—	—	2	—
Eye	(6) Blepharitis	5	1	—	—
	(7) Conjunctivitis	2	—	1	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	—	—
	(10) Other conditions (excluding De- fective Vision and Squint)	1	—	—	—
TOTAL (Heads 6 to 10)		8	1	1	—
Ear	(11) Defective Vision (excluding Squint)	43	71	13	—
	(12) Squint	1	1	1	—
	(13) Defective Hearing	8	3	—	—
	(14) Otitis Media	4	1	—	—
	(15) Other Ear Diseases	27	1	—	—
Nose and Throat	(16) Chronic Tonsillitis only	29	69	—	—
	(17) Adenoids only	1	—	—	—
	(18) Chronic Tonsillitis and Adenoids	13	3	2	2
	(19) Other Conditions	3	1	—	—
	(20) Enlarged Cervical Glands (Non-Tuberculous)	2	12	—	—
(21) Defective Speech		—	—	—	—
Heart & Circula- tion	Heart Disease:				
	(22) Organic	1	10	—	—
	(23) Functional	7	16	—	—
	(24) Anaemia	13	5	2	—
	(25) Bronchitis	—	3	—	—
Lungs	(26) Other Non-Tuberculous Diseases	—	5	—	—
	Pulmonary:—				
	(27) Definite	1	—	—	—
	(28) Suspected	—	2	—	1
	Non-Pulmonary:—				
Tuber- culosis	(29) Glands	—	—	—	—
	(30) Bones and Joints	—	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)		—	—	—	—
Nervous System	(33) Epilepsy	—	—	—	—
	(34) Chorea	—	—	—	—
	(35) Other Conditions	—	—	—	—
Defor- mities	(36) Rickets	—	—	—	—
	(37) Spinal Curvature	—	7	2	—
	(38) Other Forms	5	10	—	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		1	5	9	1
Total number of defects		167	226	32	4

TABLE II.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR  
IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children In- spected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	883	113	12.80	672	76.10	92	10.42	6	.68
Second Age-group	—	—	—	—	—	—	—	—	—
Third Age-group	176	46	26.14	126	71.59	4	2.27	—	—
Other Routine In- spections	—	—	—	—	—	—	—	—	—
TOTAL	1059	159	15.01	798	75.35	96	9.07	6	.57

Return of Defects reported to have been treated during the year 1937.

DEFECT										
<b>Malnutrition</b>										—
<b>Uncleanliness</b>										
Head										—
Body										—
<b>Skin</b>										
Ringworm Scalp										—
Body										—
Scabies										—
Impetigo										—
Other Diseases (Non-Tubercular)										1
<b>Eye</b>										
Blepharitis										—
Conjunctivitis										—
Keratitis										—
Corneal Opacities										—
Defective Vision										44
Squint										—
Other Conditions										—
<b>Ear</b>										
Defective Hearing										1
Otitis Media										—
Other Ear Diseases										7
<b>Nose and Throat</b>										
Chronic Tonsillitis										4
Adenoids										—
Chronic Tonsillitis and Adenoids										2
Other conditions										—
<b>Enlarged Cervical Glands (Non-Tubercular)</b>										—
<b>Defective Speech</b>										—
<b>Heart and Circulation</b>										
Heart Disease										
Organic										—
Functional										—
Anaemia										8
<b>Lungs</b>										
Bronchitis										—
Other Non-Tubercular Diseases										—
<b>Tuberculosis</b>										
Pulmonary										
Definite										1
Suspected										—
Non-Pulmonary										
Glands										—
Bones and Joints										1
Skin										—
Other Forms										—
<b>Nervous System</b>										
Epilepsy										—
Chorea										—
Other conditions										1
<b>Deformities</b>										
Rickets										—
Spinal Curvature										—
Other Forms										3
<b>Other Defects and Diseases</b>										—





